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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # H71609**

appears in Block 12 or Block 13 if et al

SIGNATURE AND TYPED OF PRINTED WATE OF SIGNING OFFICER OR D

(2)

FLORIDA MALL HEARING AID CENTER, INC. Principal Place of Business Mailing Address 17521 DEER ISLE CAL P. O. BOX 370 RILLARNEY FL 34740 KILLARNEY FL 34740 FLORIDA MALL HEARING AID CENTER, INC.										
							3. Date Incorporated or Qualifie 08/16/1985	I -	ate of Last F 24/1996	teport
	lace of Business		Mailing Address				4. FEI Number			pplied For
21 421 Suite, Apt	Abbey Ridge C	t 26	421 Abbe Suite, Apt #, etc.	y Rida	<u>e C</u>	<u>t</u>	59-2615837			ot Applicable
	Box 370	27	P.O. Box	370			5. Certificate of Status Desired			Additional equired
City & State			City & State		·		6. Election Campaign Financing)		May Be
	e, FL	28	Ocoee, F		-		Trust Fund Contribution		Added	to Fees
Zip 3476	Country [25]	29	Zφ 34761	30 Cou	ntry		 This corporation has liability f Florida Statutes 	or intangible		s. 199.032,
	9. Name and Address of			1301			10. Name and Address of New			
LYO	NS, THOMAS W				81 Na	me				
	ABBEY RIDGE CT			}	82 Str	eet Addri	ess (P.O. Box Number is Not Accep	table)		
000	DEE FL 34761			ļ			ass (1.0. Box Nambol is Not Accep			
				į	83					
					84 Cit	у		FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 6	07.0502 and 6	07 1609 Florido St			nad coto	oration submits this statement for th			ts registered
***	to the protection of Changing of				YAVE-DAY		o atom bubillio the diatement of	o puipodo c	" or uniging i	registered
Office or re	egistered agent, or both, in the	 State of Florid 	da Such change w	atutes, the at as authorized	xove-nar I by the	corporati	ion's board of directors. I hereby ac	cept the app	pointment as	og.o.o.o.a
	egistered agent, or both, in the m familiar with, and accept the	o State of Florid e diligations of	= 4				oration submits this statement for th ion's board of directors. I hereby ac	cept the ap	poiniment as 27	, rogiotoroa
agent. I a	egistered agent of both, in the familier with and accept the Stiput of typed or protest name of region	e State of Florid e obligations of a agent and title	= 4					Cept the app	97	
	Signar at Typed or printed name of regio OFFICE		THeme of applicable CTORS	actives, the areas authorized. Florida Stat				1-14-S	97 D DIRECTOR	
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